

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):        	TELEPHONE NO.:	<b>FOR COURT USE ONLY</b>
ATTORNEY FOR (Name): <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:		
<b>ANSWER TO COMPLAINT OR SUPPLEMENTAL COMPLAINT REGARDING PARENTAL OBLIGATIONS</b>		
		CASE NUMBER:

**YOU MUST FILE THIS ANSWER WITH THE COURT IF YOU WISH TO OPPOSE THE LAWSUIT**

If you disagree with the proposed judgment attached to the complaint, you must file this answer with the court clerk within 30 days of the date you were served with the complaint. File the original answer with the court clerk at the address for the superior court listed above and serve a copy on the district attorney. Keep a copy for your records.

**1. PARENTAGE.** I am the parent of the following children:

		<u>Name of child</u>	<u>Date of birth</u>
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/> Additional children are listed on a page attached to this answer.			

2. I request that a genetic (blood) test to determine parentage be done for all children for whom I have checked a "No" box above. I understand that the district attorney's office will pay for the cost of the testing now, but that I may have to repay those costs if the court decides that I am the parent.

**3. CHILD SUPPORT**

- a. ☐ I agree to pay support as stated in the proposed judgment.
- b. ☐ I disagree with the support requested. Attached is my completed *Income and Expense Declaration* (form 1285.50) or *Financial Statement (Simplified)* (form 1285.52). NOTE: You can file this answer without either of these forms.

4. ☐ I disagree with the proposed judgment for the following reasons (*specify*):

5. ☐ I am requesting a court hearing.

(Continued on reverse)

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT:	

6. My address and telephone number for receipt of all notices and court dates until I file a change with the court and with the district attorney's office are as follows:

Address:

City and zip code:

Home telephone:

Work telephone:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....  
(TYPE OR PRINT NAME)

.....  
(SIGNATURE OF DECLARANT)

**An adult other than you must complete the Proof of Service below and provide a copy of this answer to the district attorney at the following address (*specify*):**

### PROOF OF SERVICE

a. ☐ **Personal delivery.** I personally delivered this answer to an employee of the district attorney as follows:

(1) Name of employee:

(2) Address where delivered:

(3) Date of delivery:

(4) Time of delivery:

b. ☐ **Mail.** I deposited this answer in the United States mail, in a sealed envelope with postage fully prepaid. I used first class mail. The envelope was addressed and mailed as follows:

(1) Name:

(2) Address:

(3) Date of mailing:

(4) Place of mailing (*city and state*):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....  
(TYPE OR PRINT NAME)

.....  
(SIGNATURE OF PERSON WHO SERVED ANSWER)

**This case may be referred to a court commissioner for hearing. By law, court commissioners do not have the authority to issue final orders and judgments in contested cases unless they are acting as temporary judges. The court commissioner in your case will act as a temporary judge unless, *before the hearing*, you or any other party objects to the commissioner acting as a temporary judge. The court commissioner may still hear your case to make findings and recommendations to a judge. However, if you object to the commissioner acting as a temporary judge, an order will not be made until a judge reviews your case.**

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## INFORMATION SHEET FOR ANSWER TO COMPLAINT (California Rules of Court, rule 1299.04)

Please follow these instructions to complete the *Answer to Complaint or Supplemental Complaint Regarding Parental Obligations* (form 1299.04) if you do not have an attorney to represent you. Your attorney, if you have one, should complete this form.

You must file the completed answer and attachments with the court clerk within 30 days of the date you received the *Summons and Complaint* (form 1299.01). The address of the court clerk is the same as the one shown for the Superior Court on the *Summons and Complaint* (form 1299.01). You may have to pay a filing fee. If you cannot afford to pay the filing fee, contact the court clerk. **Keep two copies of the filed answer form and its attachments. Serve one copy on the district attorney and keep the other copy for your records. (See *Information Sheet for Service of Process*, form 1299.05.)**

### INSTRUCTIONS FOR COMPLETING THE ANSWER FORM (TYPE OR PRINT FORM IN BLACK INK):

Front page, first box, top of form, left side. Print your name, address, and telephone number in this box if it is not already there.

1. For each child listed on the answer form, you must check the "yes" box if you agree that you are that parent or check the "no" box if you do not think or you are not sure whether you are that child's parent. You must write in the name of each child listed in the *Summons and Complaint* (form 1299.01) if your answer form does not include the names of any children.
2. You must request a genetic test to determine if you are the parent if you have checked a "no" box in answer to number 1 above. The test is usually a blood test. The district attorney's office will tell you when and where to go for the test. The district attorney's office will pay for the cost of the test now. If the court decides that you are the parent, you may have to repay this cost to the district attorney.
3.
  - a. Check this box if you agree to pay the support asked for in the proposed *Judgment Regarding Parental Obligations* (form 1299.13) that you received.
  - b. You should check this box if you do not agree to pay the support asked for in the proposed *Judgment Regarding Parental Obligations* (form 1299.13).
4. If you agree to pay the support asked for in the proposed *Judgment Regarding Parental Obligations* (form 1299.13), but you disagree with the proposed judgment for another reason, you should check this box and write your reasons in this space. **If you have documents that prove your reasons for disagreeing with the proposed judgment, you should attach the documents to the answer form.**
5. Check this box if you want a court hearing. The district attorney may also schedule a hearing whether or not you have checked this box.
6. You must list your address and phone numbers where you can receive all notices and court dates. You must let the court know whenever your address changes. You may not receive important notices that affect you if the court does not have your current address.

You must date the answer form, print your name and sign the form under a penalty of perjury. When you sign the answer form, you are stating that the information you have provided is true and correct.

Instructions for how to complete the Proof of Service section of the answer form are in the *Information Sheet for Service of Process* (form 1299.05). The person who serves the answer and its attachments must fill out this section of the form. **You cannot serve your own answer.**